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Bulletin

OF THE

National Tuberculosis Association

Vol. V JUNE, 1919 No. 9

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Developing Our Asking Power

By Basil G. Eaves

National Christmas Seal Sales Manager

Those of us who have sat in a little rural church listening to the pastor's perennial call for funds will remember with what halting generosity the good people in the congregation responded, often in the face of urgent need to cover a pitifully small deficit. We have listened with lively interest to various promised sums, speculating the while on what certain members would contribute.

For the most part there was no organized effort behind these simple pleas, and with the inevitable failure to raise the required amount at the meeting, the "pillars of the church" usually made up the difference.

Probably everyone has been an eye-witness to similar unorganized efforts to raise money for worthy enterprises. Certainly, everyone has both observed and felt the result of organized efforts, through which great reservoirs of wealth have been stored up in this country to be poured out in extinguishing the sufferings of war.

One of the consequences of this constant necessity to appeal to the public for funds, has been to legitimize the birth of a new profession—intensive campaign management. In it may be found a number of men who have made a study of the various successful methods through which the public may be approached for funds, and out of their training has been developed the sound philosophy and system upon which the modern intensive drive is based.

In projecting the many national money-raising drives through which sums ranging from five to two hundred million dollars have been donated by the public since we entered the war, numerous costly and serious mistakes have been made but out of the experience of the whole has come the knowledge that success depends mainly on the faith of the campaign leaders in the need and justice of what they ask in the way of financial support. But it is also vitally dependent on early and efficient organization and the investment of adequate capital to defray necessary campaign expenses.

Here is the 1919 Red Cross Christmas Seal! It has been selected from among a number of designs submitted by famous American artists, because it has a cheery, holiday air, that is thrice welcome after the wearying days of war. It was designed by Ernest Hamlin Baker, a noted New York artist, and carries, for the first time, the double barred tuberculosis cross, as well as the familiar Red Cross. The seal will be printed in three colors; the figure of Santa Claus and the crosses, in red, and the holly wreath and outline of the bag and lower words lettering in brilliant green, will be strongly contrasted against a luminous blue background. The lines, "Merry Christmas" and "1919," will be white, and the top line, "American Red Cross," red.

The prognosis of the next Christmas seal campaign to raise funds for tuberculosis work for 1920 is promising, as few national drives in the United States have begun to lay their foundations so far in advance.

That the tuberculosis workers throughout the United States will more than realize their financial needs for a legitimate expansion of their health programs, may be confidently accepted as a foregone conclusion. Both the public and the press are heartily in favor of, and in perfect sympathy with, any rational program to stamp out this frightful human blight—Tuberculosis. And public sympathy and confidence are the keynote to success. But they must be capitalized to the utmost.

It is up to the tuberculosis worker to develop the asking power. We must develop sufficient asking power to overcome all inertia and indifference that we find obstructing our road to victory. "Ask and it shall be given," said the Great Physician and Welfare Worker. His promise has stood the acid test of every organized effort to raise funds for legitimate causes.

But we must know how to ask and we must approach our task with the kind of confidence that is proven by a willingness of each locality to invest the money and muscle necessary to bring forth the harvest of gold.

Of the plans through which our asking power shall be developed and the public made acquainted with the need, the tuberculosis workers who attend the annual meeting in Atlantic City will have ample opportunity to judge at the campaign conference on June 18th.

BULLETIN
OF THE
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in the interest of workers engaged in the Anti-Tuberculosis Movement by the National Tuberculosis Association
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Developing Our Asking Power

(*Continued from page* 1)

Many otherwise good businessmen are afraid of their bankers. They hesitate to ask for an adequate line of credit necessary to expand and develop their enterprises. Yet in many cases they have assets that would more than secure the needed capital. The names of these timid men will never be engraved in corpulent letters on the honor roll of successful merchants. They will succeed only in a small way.

In the business of buying health, the public is our banker and the public has a selfish reason for wishing us to succeed. Moreover, the public knows that ample funds are needed for operation, but, like the banker, it insists upon knowing how the money is going to be invested. Hence, in connection with the next Christmas seal campaign it is of paramount importance that we prepare forty-eight state budgets, the total of which will form the national target.

Therefore, in building a Ship of Health with which to rescue tuberculosis victims during the 1920 voyage, let us consider rather the sea-worthiness of our craft than the funds wherewith it shall be built. When the plans and the estimated cost of the fleet of 48 Health Liners and their numerous auxiliary craft, are submitted to the National Association adequate means will be found to win sufficient public support to insure their building and launching.

Let everyone come to Atlantic City prepared to suggest new ideas, but let us remember that the human mind is like a diamond mine, in which there is much useless material mixed with the precious stones. And a sound constructive thought when found must like a diamond be carefully cut and polished before it becomes either brilliant or valuable.

Fifth Institute Well Attended

Eighteen states and Canada were represented at the Fifth Institute for Tuberculosis Workers held in New York, May 26 to June 11, under the direction of Philip P. Jacobs, Assistant Secretary, National Tuberculosis Association.

The course given was as follows:

(1) *Educational Methods.*
Exhibits, publicity, literature, special work with children, special campaigns, fund raising, conduct of conferences and meetings, etc.

(2) *Organization.*
Constitution and by-laws, working committees, getting related groups to work, personalities, meetings of boards and committees, office organizations, etc.

(3) *Dispensaries.*
Establishment, organization and equipment, staff, records, costs, functions, etc.

(4) *Open Air Schools.*
Kinds of schools, construction, selection of children, teacher, etc.

(5) *Nursing.*
How to get a good nurse, the nurse and the dispensary, urban vs. rural problems, the nurse in the home, the nurse in the community, etc.

(6) *Institutional Methods.*
Anti-tuberculosis societies in relation to public and private institutions, state vs. local hospitals, etc.

(7) *Industrial Work.*
Occupational mortality, medical examination of employees, employees' relief associations, health work in factories, health insurance, etc.

(8) *Co-operation with City and State Officials.*
With local boards of health, with county boards of health, with state boards of health, with various city departments, etc.

(9) *Programs for Local Work.*
Education, hospitals and sanatoria, dispensaries, nurses, open air schools, industrial work, municipal legislation, co-operation with city officials, etc.

(10) *The Framingham Community Program.*
The Framingham idea, possibilities of the demonstration, etc.

(11) *Programs for State Work.*
Prevention of infection, increasing resistance, care of curable cases, working with local and state groups, the functions of the state associations in relation to the State Board of Health, etc.

(12) *Program for the Nation.*
History of national movement, policies of the National Association, methods of national work, etc.

Those who attended were: Miss Susan M. Baker, New York City; Mr. J. J. Bayliss, Hamilton, Ont.; Dr. Mary W. Cain, San Francisco, Calif.; Mr. George Everson, Spokane, Washington; Miss Richardetta Gibson, Harrisburg, Pa.; Mr. J. M. Graham, Birmingham, Ala.; Mr. Henry W. Grahn, Doylestown, Pa.; Miss Anna M. Harlfinger, Syracuse, N. Y.; Mr. C. Walker Hayes, Mt. Vernon, N. Y.; Miss Helen Headley, Morristown, N. J.; Mrs. Mamie E. Hefferon, Cheyenne, Wyo.; Miss Mary E. Higgin, New York City; Miss A. Gertrude Hines, Alexandria, Va.; Mr. R. H. Hixson, Jacksonville, Fla.; Mr. John W. Jacobs, Williamsport, Pa.; Mr. John M. Kennedy, Jr., Denver, Colo.; Dr. J. S. Lock, Louisville, Ky.; Mr. E. Q. Laudeman, Indianapolis, Ind.; Mr. Frank W. LeClere, Salt Lake City, Utah; Miss Ida Jeanne McCaslin, Shelbyville, Ind.; Mr. Bryson de H. McCloskey, Greensburg, Pa.; Dr. Alice Moses, Columbus, Ga.; Miss Margaret M. Muckley, Old Capitol, St. Paul, Minn.; Miss Elizabeth Porter, Boston, Mass.; Miss Zora Reed, Seattle, Wash.; Mr. Joseph Severance, Hoboken, N. J.; Mr. R. V. Spencer, Boston, Mass.; Miss Anna M. Suter, Canandaigua, N. Y.; Lieut. Nollie O. Taff, Little Rock, Ark.; Dr. May C. Wharton, Pleasant Hill, Tenn.

PROGRAM FIFTEENTH ANNUAL MEETING National Tuberculosis Association

JUNE 14, 16, and 17, 1919

St. Paul's M. E. Church, Pacific and Ohio Avenues, Atlantic City

GENERAL MEETINGS

Saturday, 4.30 p. m.—Auditorium

Address of the President—David R. Lyman, M.D.
Report of the Executive Office—Charles J. Hatfield, M.D.
Report of Committee on Indigent Migratory Consumptives—James H. Pershing, Chairman.
Preliminary business of the Association, and nomination of directors.

Tuesday, 12 m.—Auditorium

Reports of Committees.

ADVISORY COUNCIL

HOYT E. DEARHOLT, M.D., Milwaukee, Wis.....*Chairman*

Monday, 8.15 p. m.—Auditorium

"National Health Program"—John R. Commons.
"The Relationship between the Tuberculosis Movement and the General Health Campaign"—Victor C. Vaughan, M.D.
Title to be announced—Livingston Farrand, M.D.

NATIONAL CONFERENCE OF TUBERCULOSIS SECRETARIES

ERNEST D. EASTON, Newark, N. J.....*President*
EDWARD HOCHHAUSER, New York.....*Secretary*

Saturday, 8 p. m.—Marlborough-Blenheim Hotel

Musical Prelude.
"What Is the Future of the Tuberculosis Work? Shall It Merge with Public Health Movements?"—Short Discussion by George Thomas Palmer, Lawrence Veiller, George J. Nelbach, and others.
Experiences of 15 or 20 Secretaries in 5-Minute Talks: "The Most Important Thing Put Across in the Past Year."
Election of Officers.
Evening Frolic.

CLINICAL SECTION

MAJOR RALPH C. MATSON, U.S.A., Portland, Ore....*Chairman*
MAJOR EDWARD VON ADELUNG, M.R.C., Oakland, Cal.....*Sec'y*

Monday 9.15 a. m.—Chapel

"X-ray Study of Tuberculosis of the Lungs with Autopsies"—Capt. Joseph Walsh, Capt. J. W. Wood and Capt. J. C. Thompson.
"Pneumothorax with Unusual Collapse"—Major H. Kennon Dunham.
"Determination of Clinical Activity"—Lawrason Brown, M.D.
"Spontaneous Pneumothorax"—Capt. Everitt Morris.
"Artificial Pneumothorax"—LeRoy S. Peters, M.D.
"Streptothrix Infection of the Lungs"—R. H. M. Landis, M.D.
"The Temperature of Tuberculosis in Its Diagnostic and Prognostic Significance"—Charles L. Minor, M.D.

Monday, 2 p. m.—Chapel

"Occupational Therapy in the Treatment of Tuberculosis Patients"—Col. Frank Billings.
"Epidemiology of Tuberculosis in the Military Service"—Col. George E. Bushnell.
"Social, Medical and Hospital Aspects of Occupational Therapy"—Col. Estes Nichols.
"Some Lessons in Tuberculosis Learned from the War"—James Alexander Miller, M.D.
"Employment of Rest and Exercise for Patients After Return to Work"—Hugh M. Kinghorn, M.D.
Note: The session will close promptly at 4.30 to permit delegates to view a motion picture on the diagnosis of tuberculosis.

Tuesday, 9.15 a. m.—Chapel

"Clinical Follow-Up of Influenza Cases"—P. Challis Bartlett, M.D.
"Discovery and Classification of Tuberculosis Cases"—Donald B. Armstrong, M.D.
"Treatment of Tuberculosis by Rest, Exercise and Control"—Capt. C. B. Sylvester.
"The Classification of Laryngeal Tuberculosis"—Julius Dworetzky, M.D.

SOCIOLOGICAL SECTION

ERNEST D. EASTON, Newark, N. J.....*Chairman*
EDWARD HOCHHAUSER, New York.....*Secretary*

Monday, 9.15 a. m.—Auditorium

Symposium: "What Has More Centralized Control to Offer in Solving the Tuberculosis Problem?"
(a) "Through U. S. Public Health Service"—B. J. Lloyd, M.D.
(b) "By State Commissions or Divisions of Tuberculosis"—Eugene R. Kelley, M.D.
(c) "By Divisions of Tuberculosis in County or City Boards of Health"—Gordon K. Dickinson, M.D. Discussion by John B. Hawes, IId, M.D.

Monday, 2 p. m.—Auditorium

Symposium: "The Discharged Tuberculous Soldier."
(a) "Present Status of Soldiers and Draft Rejects on Account of Tuberculosis"—William H. Baldwin. Discussion by Paul Benjamin, Arthur J. Strawson, and Otto F. Bradley.
(b) "Occupational Therapy and Pre-vocational Training for Men in the Service, with Particular Reference to Tuberculous Men"—Capt. Samuel M. North, S.C., U. S. A.
(c) "Program of the Federal Board for Vocational Education"—H. A. Pattison, M.D.
(d) "Rehabilitation of Civilians Disabled by Tuberculosis"—Douglas C. McMurtrie.

Monday, 4.30 p. m.—Auditorium

Round Table: "The Modern Health Crusade"—Charles M. DeForest, National Crusader Executive, presiding.

Tuesday, 9.15 a. m.—Auditorium

Symposium: "Removal and Relief of Poverty as Factors in the Prevention of Tuberculosis."
(a) "Relief in the Home, by State, by Municipalities, by Private Agencies"—Walter S. Ufford. Discussion opened by Karl deSchweinitz.
(b) "Social Insurance"—John A. Lapp.
(c) "War Risk Insurance"—Speaker to be announced.

PATHOLOGICAL SECTION

MAJOR H. J. CORPER, New Haven.....*Chairman*
DR. LYDIA M. DEWITT, Chicago.....*Secretary*

Monday, 9.15 a. m.—Lecture Room

"Etiological Studies in Tuberculosis"—Lawrason Brown, M.D.; S. A. Petroff and Gilberto Pasquera, M.D.
"The Extra and Intrapulmonary Distribution of the Bronchial Artery in the Guinea Pig"—H. S. Willis, M.D.
"Experimental Studies on the Migration of Tubercle Bacilli in the Guinea Pig Body"—Allen K. Krause, M.D.
"The Changes in the Intrapulmonary Lymphoid Tissue of the Rabbit's Lung"—William Snow Miller, M.D.
"The Circulatory Relationships of Experimental Tubercle in the Rabbit's Lung"—William Snow Miller, M.D.
"The Immediate Localization of Tubercle Bacilli in the Rabbit's Lung After Intravenous Inoculation"—Allen K. Krause, M.D.; William S. Miller, M.D.; and Alva B. Craddock, M.D.
"An Investigation on the Acid-Fastness of Tubercle Bacilli"—Binzi Suyenaga, M.D.
"Studies on Acid Fastness: A New Alcohol Found in Tubercle Bacilli"—Plinn F. Morse, M.D.
"The Mode of Growth of the Tubercle Bacillus on Fluid Mediums"—Paul A. Lewis, M.D.

Monday, 2 p. m.—Lecture Room

"Further Observation on the Inhibition of Growth of the Tubercle Bacillus by Chemical Compounds"—Paul A. Lewis, M.D.
"An Attempt to Classify Tubercle Bacilli"—S. A. Petroff and Gilberto Pasquera, M.D.
"Tuberculosis and Evolution"—Lieut. J. P. Givler.
"The Continuous Injection Methods in the Treatment of Experimental Tuberculosis"—Dr. Julian H. Lewis and Lydia M. DeWitt, M.D.
"The Effect of Ether and Chloroform Upon Experimental Tuberculosis"—Lawrason Brown, M.D., and S. A. Petroff.
"The Organisms of Secondary Infection in Pulmonary Tuberculosis"—Lieut. W. G. Donald.
"Mouse Pathogenic Micro-organisms in the Sputum of Cases of Pulmonary Tuberculosis"—Lieut. J. J. Enright.

Tuesday, 9.15 a. m.—Lecture Room

"Hemolytic Streptococcus as a Secondary Invader in Pulmonary Tuberculosis"—Lieut. J. N. Hawes.
"Complement Fixation in Pulmonary Tuberculosis"—Lieut. H. C. Young, and Lieut. J. P. Givler.
"Further Studies on Complement Fixation"—S. A. Petroff.
"Types of Tuberculous Lesions Found at Autopsy in a Military Hospital"—Lieut. E. D. Downing.
"A Review of Cases of Tuberculosis X-rayed and Studied at Autopsy"—Maj. H. Kennon Dunham and Lieut. J. N. Hayes.
"An Interesting Case of Foreign Body in Bronchus Recovered at Postmortem"—J. B. Dinnan, M.D.

NURSING SECTION

MISS BERNICE W. BILLINGS, Utica, N. Y.....*Chairman*

Tuesday, 2.30 p. m.—Auditorium

"The Education of the Public Health Nurse for Tuberculosis Nursing"—Miss Mary A. Van Zile, R.N.
"A Tuberculosis Survey"—Arthur K. Stone, M.D.
"An Educational Program Relative to Tuberculosis Work"—Miss Mary A. Meyers, R.N.

AMERICAN SANATORIUM ASSOCIATION

VINCENT Y. BOWDITCH, M.D., Boston.....*President*
E. S. MCSWEENEY, M.D., New York.....*Secretary*

Saturday, 10 a. m.—Chapel

Spring Meeting. Topic for discussion: Classification and Standardization of Tuberculosis Sanatoria and Hospitals.

Suggestions from the Field

This department of the Bulletin is conducted in connection with the Loan Service Bureau of the Publicity Department. It is designed to give valuable suggestions regarding new lines of work or new methods originated or successfully used by tuberculosis associations throughout the country. Tuberculosis workers are invited to send the National Association Bulletin Editor all information suitable for publication in these columns.

A Scrapbook of Suggestions

"There is a time and place for everything." This is particularly true with regard to the suggestions which have and will appear on these pages. Not everyone can apply immediately, all the suggestions that are printed in the BULLETIN, but everyone, at some time, can utilize some of them.

We therefore suggest, that secretaries compile a "Scrapbook of Suggestions." Under topic headings, clip and paste up the items which appear in this department each month. Then, when a campaign problem or opportunity presents itself, you can turn to the book and find a dozen or more concrete ideas which have been worked out and proved elsewhere. You may be able to use the suggestion as it stands, or, it may suggest another, and, perhaps, a better one to you.

Soon, through the Loan Service Department, the National Association will furnish scrapbooks containing outlines for various types of campaigns, as a whole. Your own scrapbook of "Suggestions from the Field," however, will detail little devices and stunts designed to facilitate the working out of the general campaign outline.

Taking Smiles to Sanatoria

Every sanatorium superintendent knows the value of smiles in frequent doses. Not everyone, however, can always produce them. To insure a regular supply the Norwich and Shelton (Conn.) State Tuberculosis Sanatoria have installed portable motion picture apparatus and weekly exhibitions will be given the patients.

At Shelton, the apparatus was purchased by the Ansonia Lodge of Elks, which has voted to supply the sanatorium with regular changes of film.

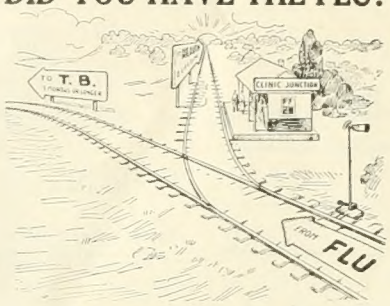
The apparatus for the Norwich institution was purchased through subscriptions taken among former patients.

To assure motion picture outfits for other state sanatoria, the Connecticut Tuberculosis Commission has organized a movement for interesting benevolent and social organizations in the need for providing amusement and mental relaxation for tuberculosis patients.

Organization in a Small City

Under the heading, "A Plan for School Health Work in the Small City," the Extension Division of the University of Oregon has just issued a small booklet, containing much that is of interest regarding organization. The study is by W. R. Rutherford, Superintendent of Schools in Eugene, Ore., and, as he points out in the introduction, it was begun with the purpose of trying to develop a plan for health work which will be within the means of the average small city, and will care for all the more urgent needs. His conclusions and suggestions are based on data gleaned from 74 cities, located in 47 different states. As it also contains good points on the teaching of hygiene and establishment of health habits, anti-tuberculosis workers will find it well worth while writing for a copy to the Extension Division, University of Oregon, Eugene, Ore.

DID YOU HAVE THE FLU?



If so, which way are you traveling? Have you taken the trouble to find out? Did you know there is still danger of tuberculosis? These questions are asked by the Florida Anti-Tuberculosis Association, on a two color, 9x12 sheet, illustrated by the cartoon reproduced above. The circular then details some of the danger symptoms and makes a plea for a call at the nearest of the Association's clinics.

The strength of the circular lies in the line drawing which graphically illustrates the "after-flu" peril. The idea might well be used elsewhere during the next few months.

Open-Air School Equipment

If your open-air school or dispensary work is hampered by lack of proper equipment, why not seek the cooperation of the manual training instructors in the public schools, so that the pupils may be permitted to make the necessary articles.

In Kansas City, Mo., Mr. W. C. Root, Executive Secretary of the Anti-Tuberculosis Society, gained the interest of the Director of Vocational Education and Manual Training, with the result that the boys in his classes are making cabinets, cupboards, tables, measuring rods, stools, and window screens for use in the Society's open-air schools. They even do what printing is necessary. In one school, the pupils have made special cots, from a design furnished by the Society, for the children to rest on after their meals.

Building T. B. Work on Tinfoil

There is always a new way of doing an old task, but Rev. George Eaves, Secretary of the Alabama Anti-Tuberculosis League, is utilizing what is probably the most unique idea ever successfully introduced into anti-tuberculosis work. He operates an open-air school on tinfoil, or rather, on the money raised from the sale of the glittering stuff collected for him by the school children of Birmingham district.

Early in the war Dr. Eaves took advantage of the thrift movement to interest the children of his city in the open-air school his League was supporting. A campaign for the collection of waste tinfoil was started. It gave every child an opportunity to do his bit, and before many months tons of tinfoil were pouring in. Some of the largest boxes of tinfoil sent in were contributed by adults, and at the present time packages are being received daily from both old and young people, living in remote parts of the state. The sale of this otherwise wasted material, at from 18 to 21 cents a pound, has practically financed the open-air school for the past three years.

Interest in the campaign was sustained and stimulated by the cooperation of the editor of the children's page of the Birmingham *News*. The names of all children who contributed appeared on this page and special stories, with pictures, were printed about those who set high records.

Although the financial success of the idea was marked, the educational value was even of greater importance, says Dr. Eaves. "It has made each child realize that he was a useful unit in the community and has taught him thrift, as well as awakening a permanent interest in good health. Because of this, teachers and the Junior Red Cross were glad to cooeparate."

The idea, while unique, is one that can be used, in some form or another, almost everywhere.

Has Your Society Done This?

How many Associations have put out a folder telling: What the aims of the organization are; what its needs are; why there is a need for funds; and who should aid in the establishment of a constructive health organization?

Many organizations have neglected this, although many people are in need of just this kind of information.

The Westmoreland County Tuberculosis Association meets the need with a neat 3x6 folder, printed in red, which they enclose in all letters, together with a membership slip and a return envelope.

Their headquarters, in the Coulter Building, Greensburg, Pa., will gladly send you a sample copy.

Winning Funds from Legislature

Dr. Robert B. Kerr, executive secretary of the New Hampshire association, tells in the following article how he conducted his recent successful campaign to persuade the legislature to appropriate an additional $10,000 for the treatment and care of advanced tuberculous patients.

New Hampshire needed more money to carry on tuberculous work. The state sanatorium at Glencliff was crowded, and had a long waiting list. There were no funds available for the care of crippled and tuberculous children. The work of our clinics at Manchester, Nashua and Concord was greatly impeded by the fact that after cases of tuberculosis were found we could not provide sanatorium care promptly.

The question was, how could we arouse public opinion sufficiently to make the legislature see just how badly additional appropriations were needed.

We realized it would be necessary for us to make a strong effort if the appropriations were to be secured. We, therefore, conducted what has practically amounted to a continuous educational campaign ever since the last session of the legislature in 1917.

First we got out a legislative bulletin setting forth the exact status of tuberculosis work in the state. It told of just the kind of people who are most likely to become infected with tuberculosis; of the tuberculous soldiers who are being returned from France and from our own training camps; and of the many men who were rejected by the draft boards because of hitherto unsuspected signs of tuberculosis. It told all about our sanatoria at Glencliff and Pembroke, and gave pictures of them. It also told, just what was needed to make these sanatoria the immensely increased power for the public good that they could be, if we only had the necessary funds. On the back cover we re-printed a poem from the "Journal of the Outdoor Life" entitled "The Wish of Tuberculosis Sufferers."

A copy of this bulletin was mailed to every member of the legislature; to the governor and council, to the senators, and to our own officers, directors and members. Then we sent a copy to every person in the state whom we knew to be interested in this work, or whom we thought might possibly be interested, or who ought to be interested.

Next we undertook a publicity campaign, engaging an expert to take charge. In every community there is always some one person, whether man or woman, to whom the people of that community instinctively look for reliable information on questions concerning the public welfare. Our publicity agent carefully selected a list of such people, and asked each one to contribute a short statement on the value of tuberculosis work. In no case was it necessary to urge anyone; all were anxious to help. These statements were published in various papers throughout the state.

When the hearings came, we took care to be well represented, having in attendance prominent citizens as well as representatives from the women's clubs, the Grange, various labor unions and other organizations.

The whole thing went surprisingly well, for public opinion had been awakened. As the result we secured an additional appropriation of $10,000 a year for advanced tuberculosis work—making a total of $30,000 a year for this item—and also an appropriation of $2500 a year for the care of crippled and tuberculous children.

Here's Human Interest

It's hard to resist the smile of the tot in the picture above, isn't it? And it would be just as hard for an editor to resist it, if it greeted him as he peered at your publicity copy—and prepared to frown. There is not very much in the picture, except human interest—but back of it, there is the whole story of the work being done to secure open-air schools for children.

This particular little fresh air baby is a gypsy child in Shelby Co., Tenn., where Mrs. S. T. Beasley is doing splendid work and getting support with just this sort of appeal.

Why not watch for similar pictures in connection with your educational work?

Five Minutes of Health Facts

Five minutes of health facts and fresh air is one of the summer features of the St. Louis Tuberculosis Society. Short talks in factories at the noon hour proved so successful in April and May, that it has been decided to continue them out of doors during the hot months. In April, lecturers, headed by Rev. J. W. Day, president of the Society, addressed 16,000 workers.

Murder! (Perfectly Legal)

Under this heading the Bureau of Tuberculosis of the North Carolina State Board of Health points out—as part of its educational publicity—that according to our laws at the present time one has a perfect right to murder his wife or child or friend by spraying them with the germs of tuberculosis.

The booklet is designed to catch the eye and grip the mind. It begins as follows:

"Gone?" asked the nurse, laconically, scarcely looking up from the magazine she was reading with an air of off-duty languor.

Her room-mate, just entering, pulled out her cap-pins in a manner that bordered on viciousness.

"Yes!" she burst out, "A perfectly legal murder!"

Then, in story form, follows a strong, if somewhat startling plea, for sanatorium treatment, and for laws which will make it compulsory for the careless consumptive to stick to the "cure."

It is new and well worth reading, especially by those seeking original arguments for campaign work. Copies may be had, free, by writing to the Bureau of Tuberculosis, Sanatorium, N. C.

What a San Did for One Town

If, in a campaign for a sanatorium, you find your work hampered by the protests of property holders it should prove helpful to quote the case of West Haven, Conn.

In that town the erection and opening of a sanatorium was followed by an extensive increase in population and property values. Investigation has revealed an interesting reason for the boom.

Most of the home builders in the vicinity are of foreign birth—a majority of them Italians—and, when interviewed they said:

"If the health authorities located a sanatorium in this place, it must be a healthy spot. Therefore we knew it must be a good place to live and so we bought land and moved our families here."

The sanatorium is the Winchester Memorial Tuberculosis Hospital.

Pamphlet 106 in Spanish

The standard educational pamphlet number 106 printed by the National Tuberculosis Association entitled, "What You Should Know About Tuberculosis," has been translated into Spanish by the Bureau of Correspondence of the State Tuberculosis Sanatorium of Texas. The translation is well gotten up and attractive, and follows in general the lines of the original English pamphlet. Tuberculosis workers who deal with Spanish-speaking people can secure sample copies and prices on quantities from Mr. R. E. Luhn, Jr., Director Bureau of Correspondence, State Tuberculosis Sanatorium, Carlsbad, Tom Green County, Texas.

Modern Health Crusaders Department

July Meeting

School-less Months

Vacation from school is desirable, but not vacation from good health habits. How should health workers help Crusaders and their parents keep up interest in the health chores when teachers are not on hand to prompt? The meetings listed in the manual for July and August suggest a means, and the minimum means that should be considered.

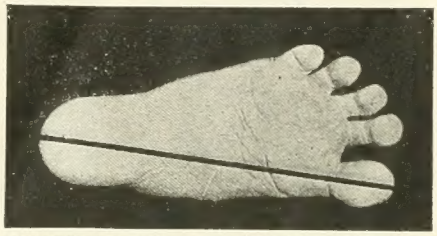
The first requirement for a Crusade program in the summer is one or more adult leaders. In those progressive communities where there is a system of supervised play Crusade meetings can easily be arranged and more frequent reminders of the Crusaders' duties can be given the children. In other communities visiting nurses, representatives of parent-teacher associations or women's clubs, or physicians meet the requirements. The date for the meeting should be announced in the paper. In large city districts postcards are profitable as invitations to parents and children to attend. The card itself is an educative reminder. The best place for the summer meeting is a park or grove or the schoolhouse in case of rain.

It is a good plan to make capital of the child's interest in the military by organizing Crusaders in a drill class to meet once a week. The announcement that a marching club will be formed may draw new recruits of whom the performance of chores may be required as condition for drilling. Two excellent and sufficiently simple drill manuals may be secured from the Boy Scouts of America, 200 Fifth Avenue, New York. Scout masters and troops may be glad to assist in the drill. Participation in this Crusade activity may bring recruits to their own boy or girl scout organizations.

July Meeting

The subjects for a talk at the July meeting are (1) patriotism of health; (2) care of feet. Material for presenting the patriotic side of health endeavor is given on pages 3 and 4 of the Red Cross pamphlet, "Common Sense in Health." Crusaders should be addressed as soldiers of their country. The consequences for others when one is sick should be pointed out. "You owe it to your country to keep well." Crusaders have made for their country a "declaration of independence" from preventable disease, and are waging war to make this come true.

The subject of shoeing and posture of feet may be linked with patriotism of health by reference to the soldiers' shoe requirements. As all children's talks should cling to the concrete, it is important to introduce exhibits. A U. S. Army shoe is effective in the present connection. The time to teach the proper treatment of feet is in childhood, for foot cramping and the distortion of bones usually begins then through the purchase of too narrow or too short shoes. Adults, caught in the snare of style, consider neither natural foot shape nor the need of room for growth in shoeing their children.



FILIPINO'S FOOT SHOWING NATURAL HEEL AND TOE ALIGNMENT

The talk should be punctuated by the display of x-ray pictures of feet in good and bad shoes, such as are contained in Ritchie's Primer of Physiology. Make clear the evils of high heels by pointing out that the bones of the foot form an arch. With an arch of blocks the leader can show the absurdity of tilting up the foot, the support of the weight of the body. As a result of ill-shaped shoes, broken arches and flat feet are making countless men and women, in years when they should be great walkers, as crippled as the aged. Show that there is more beauty in foot health than in pointed toes and high heels. The natural foot has real beauty, while the French heel has only conventional beauty. Tell how shorty Louis XIV invented high heels to fake height, and how fashion is merely playing Louis' buffoon.

The cut on this page shows the foot of a grown person who always went barefoot. Teach the children never to wear shoes which bend the big toe toward the others, or the others toward the big toe. Crusaders should insist on shoes so shaped that in an outline of the foot inside the shoe a straight line drawn through the center of the big toe, and following the direction of the toe will pass through the center of the heel.

The American Museum of Safety states that 90 per cent. of the civilian population have feet more or less deformed, resulting in lessened efficiency, and that one child in every five in the high schools in New York was found to suffer with weak arches, practically all due to tight shoes. Narrow pointed boots and high heels are the authors of hammer toes, bunions, corns, weak muscles, fallen arches, many backaches and much eye strain and nervous irritability.

Groups Outside of Schools

The National Y. W. C. A. has placed several hundred rounds of Crusade literature in the hands of its eleven field secretaries, in order to extend the benefits of the Crusade system to the younger members of the organization. Similarly, Y. M. C. A. groups have taken up the Crusade work here and there over the country. Churches are making the Crusade a Sunday school activity. The Plymouth Church of Oakland, Cal., prints in its calendar a notice of the Crusade under the caption, "The Best Way to Fight an Old Foe," announcing the plan of inaugurating the Crusade in its gymnasium classes.

The National and state associations have been too busy, first in stimulating and then in keeping pace with the growth of the Crusade in the schools, to meet the opportunities in other children's groups. They should not be neglected, however, and in vacation the time devoted to schools may well be turned to organizations like those just mentioned. To secure their support of Crusade work is to help get the system adopted as a regular curriculum activity in the schools.

A district conference of Rotary clubs recently held in Oklahoma City passed a resolution favoring the Crusade. Chambers of Commerce in many cities may readily be lined up as backers of the Crusade as a practical method of teaching health in their schools.

Scouts as Crusaders

Every troop of Girl Scouts in Philadelphia, with a total membership of 3000, has been enrolled as a Crusade club under the Philadelphia Committee of the Pennsylvania Tuberculosis Society. Similarly, a large number of Boy Scouts have become Crusaders. Mr. R. N. Whaley, secretary, reports that the aim of the Committee is to secure for each troop of Boy Scouts a physician who will conduct periodic medical examinations.

Closing Date for Tournament Reports

In accordance with Rule 7 of the conditions for the National Tournament, reports on the official form, made out by the teacher of each contesting class, must be delivered or mailed to the state tuberculosis association before midnight, June 7th. "It is the duty of the state health association or other authorized recipient to determine from the reports and record folders the three classes in the state making the highest score in each of the nine tournament divisions in accordance with the rules and conditions, and to transmit the three reports and sets of record folders to the National Association prior to June 21st for comparison in awarding the national honors." Under this rule the reports must be mailed or otherwise delivered to the National Association not later than June 20th. Six days thereafter will be allowed as the maximum time for transmission in the mail.

The Framingham Demonstration

No 11: The Discovery of Tuberculosis

By D. B. Armstrong, M.D., Executive Officer

These monthly articles in the Framingham series began in July, 1918

The links that are involved in a complete community chain for handling the tuberculosis problem may perhaps be roughly classified as follows:

1. Educational Work.
   a. Generalized education *against infection.*
   b. Special education for the underpar individuals, the arrested tuberculosis cases, etc., *against disease.*
2. General community organization, enlisting all potential agencies in various phases of the tuberculosis program.
3. The Clinic and the Nurse.
   a. For the discovery of new cases.
   b. For the routine care of home treatment cases.
   c. For the follow-up observation of returned cases, etc.
4. Institutional Provision.
5. The Discovery Machinery.

This is perhaps not a complete statement, nor are the headings arranged in rational order. Logically, they would fall somewhat as follows: community organization, discovery, the clinic and nurse, education and institutional facilities. We have, however, placed the discovery problem last because we wish to continue from that point in placing our emphasis in this article.

It has seemed, in the Framingham experience, that in the development of community tuberculosis programs, the phase of the work most neglected is that of discovery. At the beginning of the Demonstration, there were three known causes for every death, though there had been in the community an excellent clinic and nursing equipment, together with other machinery, for some time. This ratio has now been greatly increased, due to the installation of special devices for the discovery of tuberculosis, particularly the consultation service, which grew out of extensive medical examination work, carried on in a volunteer way throughout all sections of the community.

This preliminary survey served to stir up an unusual amount of interest in tuberculosis among both physicians and laymen. On a basis of general medical examination work there developed a permanent and continuous consultation service, operated on a part-time basis at first, but now demanding full-time service as a result of the increased requirements of the community, expressed through physicians and private citizens. Needless to say, this service requires expert, mature, widely experienced, and tactful personnel.

The services of the full-time physician who serves on the Framingham staff as Chief Medical Examiner and Expert Consultant, were originally offered to the physicians and people of Framingham through special press notices, letters to the medical men, introductions through the medical organization, etc. Dr. P. C. Bartlett, who has occupied this position on the Framingham staff since the beginning of the consultation work, offers to the local physicians specialist advice on difficult and doubtful cases of pulmonary disease, the consultations being held either in the doctor's office, in the patient's home, in the dispensary or Health Station.

At the present time a tendency exists for this service to broaden in scope, and to cover other thoracic conditions such as cardiac disease, general medical complications, etc.

Practically all of the physicians of Framingham now employ this consultation service, which is offered on a pay or free basis, the great majority of the consultations having been given without charge until the present time. The presence of such a consultant in the community also makes possible other lines of approach to the medical aspects of the tuberculosis problem, including the holding of lectures, clinics and demonstrations, etc.

In brief, the advantages of this service may be stated as follows:

1. It greatly increases the discovery of tuberculosis. While there were 27 known cases on record in Framingham at the beginning of the Demonstration, and while there had been under observation only 40 cases during the year preceding the Demonstration, the number under observation during the first year of the Demonstration was increased to 185, approximately one-third of these having been discovered through the consultation service. At the present time the total number of cases, excluding the suspicious ones, that have been under observation in Framingham during the Demonstration, is approximately 275.

2. It removes the burden of diagnosis in tuberculosis from the local physician, and consequently increases the probability of such a diagnosis being made.

3. It encourages the reporting of disease. During the decade preceding the Demonstration the physicians of Framingham reported an average of thirteen cases a year. This number increased to 59 during the first year of the Demonstration.

4. It encourages the diagnosis of tuberculosis at an early stage. During the first year of the Demonstration, of the total number of cases reported, 42 per cent. were advanced, while during the second year only 19 per cent. were advanced.

5. It offers an opportunity for postgraduate medical instruction, through lectures, clinics, demonstrations, etc.

6. Through the use of standard methods for the diagnosis, classification and treatment of tuberculosis, it tends to elevate and standardize medical practice regarding this disease.

7. It is an increasingly valuable supplement to medical, nursing, and dispensary machinery, and at the present time, in Framingham alone, a town of 17,000 people, the consultant is called upon 30 or 40 times a month, by a large percentage of the local physicians.

While the cost of this service for a small community cannot perhaps be justified except on an experimental basis, the extension of the service to cover wider areas and larger populations is anticipated as an outgrowth of the Framingham experience.

Such a consultation service could readily be offered on a state-wide basis, the work being done in an itinerant fashion, the presence of the consultant being advertised beforehand in various communities, appearing there on a definite schedule, under official or private auspices. Such a program might be initiated on a full or part-time basis, and can probably be readily developed under the auspices of the State Departments of Health, or State Tuberculosis Associations. At the present time there is an excellent prospect of a consultation service of this kind being initiated in one or more sections of Massachusetts, and possibly also in Vermont and other states.

There is, of course, no reason why this form of special advisory service could not eventually be extended to cover other medical needs and a wider range of diagnostic problems, such as perhaps the obstetric, pediatric and other specialties, together with the problems of general internal medicine.

The service must be primarily a diagnostic one, cases as discovered being referred to local physicians of the patient's own choosing for treatment.

As indicated in the beginning, the experience in Framingham with the consultation service and with other special measures for the discovery of tuberculosis has led the workers there to feel that, whereas the hospital, the clinic and the nurse are essential factors in a community tuberculosis program, more attention must be paid to the development of discovering devices. Apparently no community is justified in considering its program adequate, if it does not have the advantages of special devices, such as a consultation service for the discovery of tuberculosis.

Progress of Survey in Richmond

With more than 300 deaths reported in 1918 against 500 known cases of tuberculosis the Anti-Tuberculosis Association of Richmond, Va., estimating that there must be at least some 3,000 cases of the disease in their community, decided last December that a survey of the entire city was imperative. It was further decided to work thoroughly in one district at a time and to know that district before moving into another.

The first district chosen was Fulton, a factory section in which half the population is white and the other half colored. It was chosen because for its size the number of known cases was small.

The work opened on a Sunday with talks in all the churches, the speakers being furnished by the State Board of Health. The people were invited to attend free clinics and during the following week they responded so well that the number of examinations was limited only by the capacity of the one examining physician available. The cases were turned over to nurses of the City Board of Health.

In January the survey workers went into the factories, giving talks at noon on one day and examinations the following day. In February variety was offered by an educational program of motion pictures in school and churches. In March a house-to-house survey was undertaken. Seven hundred homes were visited.

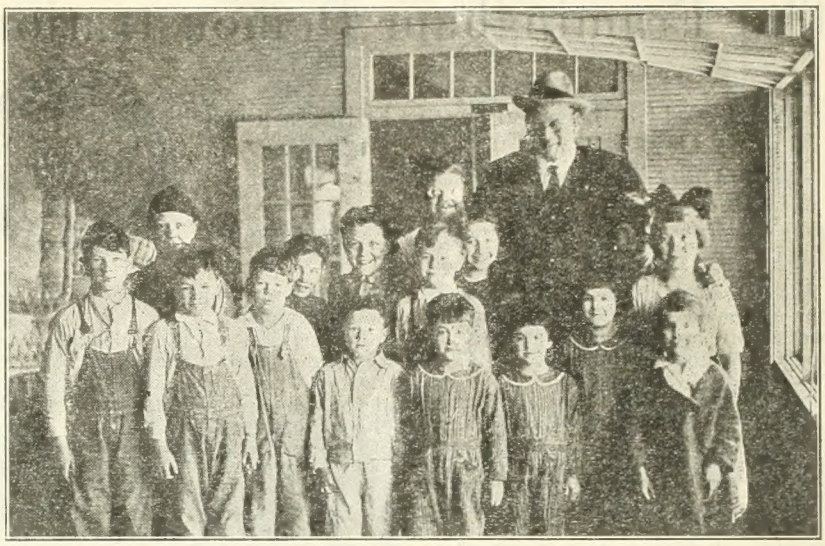
A summary of the facts gathered in the house-to-house survey in the Fulton district is as follows:—

38 families found living in 2 rooms }
57 " " " " 3 " } five to ten in family.
95 " sleep 3 in one bed
11 " " 4 " " "
1 " " 5 " " " (ten in the family—two rooms)
1 Tuberculosis patient sleeps with two well persons in one bed
3 " " " " one other person
53 homes found in which there were tubercular patients
48 " " " " " was a family history of tuberculosis

The occupations of people found with tuberculosis were given as follows:—

Housewives	5,	with family history	5,	contacts	2
School children	10,	" "	" 5		
Laborers	7,	" "	" 3,	"	1
Clerks	4,	"	" 2		
Factory employees	4,	" "	" 2		
Iron molders	2,	" "	" 1		
Laundress	1				
Teamster	1				

This month the survey will he continued in a new section. Before leaving Fulton, however, it is hoped to establish a permanent night clinic for people unable to come during the day. Committees are at work looking up contracts and it is planned to have a physician examine persons who have been found living in the same house with tuberculous patients, the children of tuberculous parents and others recorded as suspicious cases. For the relief of the colored tuberculosis patients of Fulton an organization has been established among the colored people called the "Fulton Settlement Tuberculosis Relief Committee."



MEMBERS OF "ORDER OF SMILING FACES" AT EDGECLIFF SAN.

Spokane San. Adds $110,000 Wing

Spokane County (Wash.), has advanced to the front rank of counties in the United States providing hospital care for their tuberculous citizens. At an outlay of $110,000 this county has just completed a three-story addition to the Edgecliff Sanatorium, bringing the total investment to $250,000 and nearly doubling the bed capacity.

Dr. A. E. Stuht, the county physician in direct charge of the sanatorium, declares that a public institution is like a business enterprise. It will die of dry-rot if allowed to stand still; hence the expansion. He is a strong exponent of the efficacy of cheerfulness in the treatment of tuberculosis and demands one hundred per cent. enrollment in the "Order of Smiling Faces." This may be observed from the accompanying picture in which the health officer is photographed with some of the patients in the children's ward.

New Open Air School

An open air school was established at Clifton, Arizona, on March 3rd, 1919. It is under the direction of Miss Harriot Hamilton, the school nurse, and is supported by the Board of Education. It accommodates twelve children. Milk at 10 o'clock and a simple, nourishing dinner at noon are provided by the school authorities. The children have three hours of study, a half hour of play, and then dinner. They take turns setting the table and washing the dishes. After dinner they return to their chairs for an hour's rest, temperatures are taken and they are dismissed.

So. Dakota Chairman Wins

Tuberculosis workers in South Dakota are receiving congratulations on the new county nurse bill, which, after a stormy session, passed the Senate and House. The bill provides for the employment of county nurses by county boards of health. In counties where there is no board of health or where the board fails or refuses to act, "25 resident freeholders who are electors in such county may petition the board of county commissioners to secure the aid and services of a nurse." In the course of debate, preceding the passage of the bill, objections were based on a demand for personal and religious liberty.

The fight for the bill, led by Mrs. E. P. Wanzer, Chairman of the Red Cross Seal Commission for South Dakota, was made against bitter opposition and persistent lobbying led by a woman animated by religious fever.

When the bill finally came up for passage, the Senate galleries were packed with people scarcely less excited than "fans" at a baseball game. In the arguments that followed certain senators spoke against the bill in such impassioned tones, says Mrs. Wanzer, that "you would have thought that the visiting nurse and the things she would do were worse than the Kaiser and his army."

The bill went through, however, with all its teeth, and the plucky Chairman well deserves the praise she is receiving.